

Form F

**Workforce Development Board of Solano County's
Disallowed Activities Certification**

The undersigned certifies that s/he will ensure, to the best of his/her ability, that:

- A. No federal appropriated funds have been or shall be paid, by or on behalf of any person in this agency/organization, to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of a member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- B. No Federal appropriated funds have been or shall be paid, by or on behalf of any person in this agency/organization to promote any religious, lobbying or political activities. Additionally, this agency/organization ensures that its program activities are available to all eligible individuals regardless of religious or political affiliation or non-affiliation and said individuals shall in no way perform or assist in the performance of activities that are sectarian or political in nature.
- C. No funds under this Contract shall be used in any way to either promote or oppose union activities. No individual shall be required to join a union as a condition for enrollment in a program in which only institutional training is provided unless such training involves individuals employed under a collective bargaining agreement. No trainee may be placed into, or remain working in, any position which is affected by labor disputes involving work stoppage.

CERTIFICATION

I, the official name below, hereby swear that I am duly authorized to legally bind the agency to the above described certification. I am fully aware that this certification, executed on the date and in the county below, is made under penalty of perjury under the laws of the State of California.

Agency Official's Name: _____

Title: _____

Signature: _____ Date Executed: _____